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2010 APR 19 AM 9: 35

| FEC<br>FORM 1   |              | STATEME<br>ORGANIZ         |   |                                      |   |
|---|--------------|----------------------------|---|--------------------------------------|---|
| 1. NAME OF COMMITTEE (in                                      | n full)      | (Check if name is changed) | Example:If typin over the lines.                        | 9, type   12FE4                      | or the second or many                   |
| TAKIN   | BACK         | AMERI                      | <b>SA</b>   | : <u> </u>                           | <u> </u>                                |
|   |              | <u> </u>                   | <u> </u>  | <u> </u>                             |   |
| ADDRESS (number a   | and street)  | BOX                        | 31822   | <u> </u>                             |   |
| (Check if a   | ddress 5     | T. LOU                     | S.  | mo                                   | 63131                                   |
| <u>.</u>  |              |                            | CITY  | STATE                                | ZIP CODE                                |
| COMMITTEE'S WEE   | PAGE ADDRESS | (URL)                      |   |                                      |   |
| ] ''''``.<br> <br> -  | THE OP       | $\mathbf{C}_{z}$           | e e sa migrapago e se e e e e e e e e e e e e e e e e e | 72. <sub>12</sub>                    |   |
| 4. IS THIS STATE  | MENT X NE    | EW (N) OR                  | AMENI   | DED (A)                              | ,                                       |
| I certify that I have Type or Print Name Signature of Treasur | of Treasurer | ATRICI                     | A A . I   | BREED                                | orrect and complete.                    |
| NOTE: Submission of   |              |                            | n may subject the pers                                  |                                      | ent to the penalties of 2 U.S.C. §437g. |
| Office<br>Use   |              |                            |   | nformation contact:<br>on Commission | FEC FORM 1                              |